Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

(See separate instructions.)

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

OMB No. 1545-0047

1989

For the calendar year 1989, or fiscal year beginning , 1989, and ending , 19

Use IRS label. Otherwise, please print or type.

SK 94-2147154 8912 89 03 16 3 IB
POINT FOUNDATION
27 GATE 5 RD
SAUSALITO CA 94965

IRS

A Employer identification number (see instruction S): 94 : 2147154

B State registration number (see instruction E): 10497

C If application for exemption is pending, check here ▶ ☐

D Check type of organization—Exempt under section ▶ ☒ 501(c) ( ) (insert number), OR ▶ ☐ section 4947(a)(1) trust (see instruction C7 and question 92.)

E Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) ▶

H Check here ☐ if your gross receipts are normally not more than $25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). **Some states require a completed return.**

Note: *Form 990EZ is available for organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	60178		
	b	Indirect public support	1b			
	c	Government grants	1c			
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)			1d	60178
	2	Program service revenue (from Part VII, line 93)			2	535480
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	3899
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income (loss)			6c	
	7	Other investment income (describe ▶ GAIN ON INVESTMENT)			7	24800
	8a	Gross amount from sale of assets other than inventory	8a (A) Securities		8a (B) Other	25
	b	Less: cost or other basis and sales expenses	8b		8b	0
	c	Gain (loss) (attach schedule)	8c		8c	25
					8d	25
	9	Special fundraising events and activities (attach schedule—see instructions):				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses	9b			
	c	Net income (line 9a less line 9b)			9c	
	10a	Gross sales less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit (loss) (attach schedule)			10c	
	11	Other revenue (from Part VII, line 103)			11	5532
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	629914
Expenses	13	Program services (from line 44, column (B)) (see instructions)			13	545428
	14	Management and general (from line 44, column (C)) (see instructions)			14	158485
	15	Fundraising (from line 44, column (D)) (see instructions)			15	15701
	16	Payments to affiliates (attach schedule—see instructions)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	719614
Net Assets	18	Excess (deficit) for the year (subtract line 17 from line 12)			18	<89700>
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			19	<327237>
	20	Other changes in net assets or fund balances (attach explanation) ROUNDING			20	1
	21	Net assets or fund balances at end of year (add lines 18, 19, and 20)			21	<416938>

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Expenses	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . 14	15075	15075		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	219537	169919	49618	
27	Pension plan contributions				
28	Other employee benefits #71600	8986	6955	2031	
29	Payroll taxes	25059	19395	5664	
30	Professional fundraising fees 4,1	10894			10894
31	Accounting fees				
32	Legal fees				
33	Supplies	162776	154617	8159	
34	Telephone	6281		6281	
35	Postage and shipping	10210		10210	
36	Occupancy	39033		39033	
37	Equipment rental and maintenance	9386		9386	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	2523		2523	
42	Depreciation, depletion, etc. (attach schedule) STMT #1	17941		17941	
43	Other expenses (itemize): a	191913	179467	7639	4807
	b SEE STATEMENT # 2				
	c				
	d				
	e				
	f				
44	**Total functional expenses** (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	719614	545428	158485	15701

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Expenses Required for section 501(c)(3) and (4) organizations; optional for others

a PUBLICATION OF WHOLE EARTH REVIEW MAGAZINE CURRENTLY APPROXIMATELY 22,000 SUBSCRIBERS

SEE ALSO PART VIII (Grants and allocations $) 471929

b PUBLICATION OF EDUCATIONAL BOOKS AND COMPUTER DATA BASE

SEE ALSO PART VIII (Grants and allocations $) 34339

c WRITE WEEKLY COLUMN FOR SAN FRANCISCO CHRONICLE

SEE ALSO PART VIII (Grants and allocations $) 21531

d SPECIAL EVENTS

SEE ALSO PART VIII (Grants and allocations $ 15075) 15075

e Other program services (attach schedule) MAILING LIST. (Grants and allocations $) 25,54

f **Total** (add lines a through e) (should equal line 44, column (B)) ▶ 545428

Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.			(A) ~~Beginning of year~~		(B) End of year	
Assets						
45 Cash—noninterest-bearing			33674	45	5124	1
46 Savings and temporary cash investments			10230	46	63040	2
47a Accounts receivable	47a	50041				
b Less: allowance for doubtful accounts	47b	9000	41041	47c	57679	3
48a Pledges receivable	48a					
b Less: allowance for doubtful accounts	48b			48c		
49 Grants receivable				49		
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)				50		
51a Other notes and loans receivable (attach schedule)	51a					
b Less: allowance for doubtful accounts	51b			51c		
52 Inventories for sale or use			1575	52	1575	4
53 Prepaid expenses and deferred charges			4776	53	4273	5
54 Investments—securities (attach schedule)				54		
55a Investments—land, buildings, and equipment: basis	55a	159085				
b Less: accumulated depreciation (attach schedule)	55b	114521	44564	55c	26904	6
56 Investments—other (attach schedule) STATEMENT #3			14700	56	39500	7
57a Land, buildings, and equipment: basis	57a					
b Less: accumulated depreciation (attach schedule)	57b			57c		
58 Other assets (describe ▶)			125	58	125	8
59 **Total assets** (add lines 45 through 58)			150685	59	198220	
Liabilities						
60 Accounts payable and accrued expenses			38076	60	44069	9
61 Grants payable				61		
62 Support and revenue designated for future periods (attach schedule) STMT #3			398242	62	536061	10
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63		
64 Mortgages and other notes payable (attach schedule)			20000	64	20000	11
65 Other liabilities (describe ▶ STATEMENT #3)			21604	65	15028	12
66 **Total liabilities** (add lines 60 through 65)			477922	66	615158	
Fund Balances or Net Assets						
Organizations that use fund accounting, check here ▶ ☐ and complete lines 67 through 70 and lines 74 and 75.						
67a Current unrestricted fund				67a		
b Current restricted fund				67b		
68 Land, buildings, and equipment fund				68		
69 Endowment fund				69		
70 Other funds (describe ▶)				70		
Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75.						
71 Capital stock or trust principal				71		
72 Paid-in or capital surplus				72		
73 Retained earnings or accumulated income				73		
74 Total fund balances or net assets (see instructions)			(327237)	74	(416938)	13
75 **Total liabilities and fund balances/net assets** (see instructions)			150685	75	198220	

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
SEE STATEMENT #4				

Part VI Other Information

		Yes	No
76	Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did your organization have unrelated business gross income of $1,000 or more during the year covered by this return?	X	
b	If "Yes," have you filed a tax return on **Form 990-T,** Exempt Organization Business Income Tax Return, for this year?	X	
c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80a	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **OR** ☐ nonexempt.		
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a NA		
b	Did you file **Form 1120-POL,** U.S. Income Tax Return for Certain Political Organizations, for this year?	NA	
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III . . . 82b NA		
83a	Did anyone request to see either your annual return or exemption application (or both)?		X
b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)	NA	
84a	Did you solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)	NA	
85a	*Section 501(c)(5) or (6) organizations.*—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)		X
b	If "Yes," enter the total amount spent for this purpose . . . 85b NA		
86	*Section 501(c)(7) organizations.*—Enter:		
a	Initiation fees and capital contributions included on line 12 . . . 86a NA		
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . 86b NA		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	NA	
87	*Section 501(c)(12) organizations.*—Enter amount of:		
a	Gross income received from members or shareholders . . . 87a NA		
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b NA		
88	*Public interest law firms.*—Attach information described in the instructions.		
89	List the states with which a copy of this return is filed ▶ CALIFORNIA		
90	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
91	The books are in care of ▶ POINT FOUNDATION Telephone no. ▶ 415-332-1716 Located at ▶ 27 GATE FIVE ROAD, SAUSALITO, CA		
92	*Section 4947(a)(1) trusts filing Form 990 in lieu of* **Form 1041,** U.S. Fiduciary Income Tax Return.— and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92		Check here ▶ ☐

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
93 Program service revenue:					
(a) WHOLE EARTH REVIEW					423382
(b) BOOK SALES					30232
(c) CD ROM PROJECT					10000
(d) CHRONICLE COLUMN					28600
(e) GLOBAL BUSINESS NETWORK					24193
(f) MAILING LIST	9200	7629			11444
(g) Fees from government agencies					
94 ~~Membership dues and assessments~~ DONATIONS					60178
95 Interest on savings and temporary cash investments			14		← 3899
96 Dividends and interest on securities					
97 Net rental income (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income (loss) from personal property					
99 Other investment income GAIN ON INVESTMENT			18?		← 24800
100 Gain (loss) from sales of assets other than inventory			18		← 25
101 Net income from special fundraising events					
102 Gross profit (loss) from sales of inventory					
103 Other revenue: (a) ROYALTIES			15		← 2788
(b) MISCELLANEOUS					2744
(c)					
(d)					
(e)					
104 Subtotal (add columns (b), (d), and (e))		7629			
105 TOTAL (add line 104, columns (b), (d), and (e)) ▶					629914

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).
	POINT FOUNDATION'S EDUCATIONAL PURPOSE IS SERVED BY PUBLISHING ACTIVITIES, NEWSPAPER COLUMN, MAILING LIST SALES AND COMPUTER PROJECTS. THE PUBLICATIONS (WHOLE EARTH REVIEW, SIGNAL, FRINGES, NEWS THAT STAYED NEWS, AND ESSENTIAL WHOLE EARTH CATALOG) ENCOURAGE INDEPENDENT LEARNING. BOOKS AND PRODUCTS ARE REVIEWED WHICH ENABLE INDIVIDUALS TO ACQUIRE NEW SKILLS AND KNOWLEDGE

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
NOT APPLICABLE				
68-0124216 The Well				
Whole Earth Lectronic Link SO		Computerized Bulletin board		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer _____ Date _____ ▶ Title _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ ☐

Firm's name (or yours if self-employed) and address ▶ _____ ZIP code _____

SCHEDULE A (Form 990)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ **Attach to Form 990 (or Form 990EZ).**

OMB No. 1545-0047

1989

Name: POINT FOUNDATION

Employer identification number: 94 : 2147154

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
	NONE			
Total number of other employees paid over $30,000 ▶				

Part II **Compensation of the Five Highest Paid Persons for Professional Services** (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than $30,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $30,000 for professional services ▶		

Part III **Statements About Activities**

		Yes (1)	No (2)
1	During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?		X
	If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. $ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		
2	During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	X	
e	Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3	Do you make grants for scholarships, fellowships, student loans, etc.?		X
4	Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

Part IV **Reason for Non-Private Foundation Status** (See instructions for definitions.)

The organization is not a private foundation because it is (please check only **ONE** applicable box):

5 ☐ 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 ☐ 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ 4 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶ .....

10 ☐ 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11 ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 ☐ 8 An organization that normally receives: (a) no more than ⅓ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than ⅓ of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 ☐ 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 ☐ 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1988	(b) 1987	(c) 1986	(d) 1985	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	56000,01,02 59000 32487	35649	38632	47798	154566
16 Membership fees received	NONE	NONE	NONE	NONE	NONE
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	847086	644577	678919	704739	2875321
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	#56200 3899 4333	2148	3528	5598	15607
19 Net income from unrelated business activities not included in line 18	7629	15640	9244	15792	48305
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	1748	11225	11162	15017	39152
23 Total of lines 15 through 22	893283	709239	741485	788944	3132951
24 Line 23 minus line 17	46197	64662	62566	84205	257630
25 Enter 1% of line 23	8933	7092	7415	7889	

89
60,178
none
629,914

26 Organizations described in box 10 or 11:

a Enter 2% of amount in column (e), line 24 5153

b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1985 through 1988 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ..... NONE

(Continued on page 3)

Part IV **Support Schedule** (continued) **(Complete only if you checked box 10, 11, or 12 on page 2.)**

27 Organizations described in box 12, page 2: NOT APPLICABLE

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1988) _____ (1987) _____ (1986) _____ (1985) _____

b Attach a list showing, for 1985 through 1988, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: the amount on line 25 for the year or $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1988) (1987) (1986) (1985)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1985 through 1988, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V **Private School Questionnaire**
(To be completed ONLY by schools that checked box 6 in Part IV) NOT APPLICABLE

		Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Do you maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by you or on your behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Do you discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance? (See instructions.)	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Do you receive any financial aid or assistance from a governmental agency?	34a		
b Has your right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI **Lobbying Expenditures by Public Charities** (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ **a** ☐ If the organization belongs to an affiliated group (see instructions).
Check here ▶ **b** ☐ If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)		
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table—		
If the amount on line 40 is— / The lobbying nontaxable amount is—		
Not over $500,000 — 20% of the amount on line 40		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000		
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000		
Over $1,500,000 — $225,000 plus 5% of the excess over $1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42		
44 Excess of line 38 over line 41		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45–50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(e) Total
45 Lobbying nontaxable amount (see instructions)		NOT APPLICABLE			
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other Transactions:		
	(i) Sales of assets to a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities or equipment		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists or other assets, or paid employees		X

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Federal Depreciation

Point Foundation December 31, 1989 ID# 94-2147154

Statement #1

Property Description	Date Acq	Method	Life	Cost	Prior Deprec	Current Deprec	Accum Deprec
Camera Body	Apr-80	SL	10 Years	525	461	53	514
Camera Lens	Apr-80	SL	10 Years	515	449	52	501
Office Equipment	Nov-82	SL	5 Years	911	911	0	911
Typesetter	Dec-82	ACRS	5 Years	26,675	26675	0	26,675
Cannon Copier	Jun-83	ACRS	5 Years	12,587	12587	0	12,587
Phone System	Jun-83	ACRS	5 Years	6,100	6100	0	6,100
Phone System	Jul-83	ACRS	5 Years	20,364	20364	0	20,364
Phone System	Aug-83	ACRS	5 Years	2,262	2262	0	2,262
Modem (3)	Sep-83	ACRS	5 Years	2,097	2097	0	2,097
Phone System	Oct-83	ACRS	5 Years	803	803	0	803
Phone System	Nov-83	ACRS	5 Years	1,381	1381	0	1,381
Lesson Security	Nov-83	ACRS	5 Years	1,595	1595	0	1,595
Lange Video Slide	Dec-83	ACRS	5 Years	2,612	2612	0	2,612
Okidata Printer	Dec-84	ACRS	5 Years	360	360	0	360
Okidata Printer	Jun-84	ACRS	5 Years	460	460	0	460
Compaq Plus	Jun-84	ACRS	5 Years	4,134	4134	0	4,134
Compaq Plus (2)	Nov-84	ACRS	5 Years	8,056	8056	0	8,056
MacIntosh	Nov-85	ACRS	5 Years	2,985	2358	627	2,985
HP Thinkjet Printer (4)	Nov-85	ACRS	5 Years	1,259	995	265	1,260
Typesetter Terminal	May-86	ACRS	5 Years	4,599	2667	966	3,633
Typesetter	Dec-87	MACRS	7 Years	21,458	6678	4223	10,901
Mita Copier	Jan-88	MACRS	5 Years	3,222	644	1031	1,675
Mac II with Monitor	Feb-88	MACRS	5 Years	2,799	560	896	1,456
Old Typesetter Addition	Feb-88	MACRS	5 Years	2,756	551	882	1,433
Software-In-House Full	Feb-88	MACRS	5 Years	14,101	4432	4835	9,267
Nine Track Tape Drive	Mar-88	MACRS	5 Years	3,194	639	1022	1,661
Memory Expansion Board	Mar-88	MACRS	5 Years	451	90	144	234
Mac-SE w/Hard Disk-2/NY	Mar-88	MACRS	5 Years	2,029	406	649	1,055
Mac-SE w/Hard Disk-2/MZ	Mar-88	MACRS	5 Years	2,030	406	650	1,056
CMS-Hard Disk	Mar-88	MACRS	5 Years	596	119	191	310
Priam Ext Disk AVA	Apr-88	MACRS	5 Years	2,130	426	682	1,108
ELPK-Tek Power Suppply	Apr-88	MACRS	5 Years	539	108	172	280
C. Itoh Printer	May-88	MACRS	5 Years	1,704	340	545	885
VCR	Nov-89	MACRS	5 Years	282	0	56	56
				157,571	112,726	17,941	130,667

Statement of Other Expenses

Point Foundation **December 31, 1989** **Identification # 94-21247154**

Statement #2

Description	Total	Program Services	Management General	Fundraising
Outside Professional Services	11,388	11,388		
Writers/Contributors	31,565	31,565		
Subscription Fulfillment	61,467	61,467		
Subscription Promotion	27,688	27,688		
Direct Distribution	5,887	5,887		
National Newstand Distribution	11,601	11,601		
Mailing List Fulfillment	2,554	2,554		
Book Fulfillment	2,821	2,821		
Chronicle Column	21,531	21,531		
Miscellaneous	1,321		1,321	
Utilities	3,978		3,978	
Insurance	2,186		2,186	
Legal and Professional	4,433		4,433	
Taxes	2,543		2,543	
Bank Charges	3,519	2,965	554	
Well Reimbursement	-7,376		-7,376	
Fundraising Expenses	4,807			4,807
Total To Part II, Line 43	**191,913**	**179,467**	**7,639**	**4,807**

Balance Sheet Schedule

Point Foundation **December 31, 1989** **Identification # 94-21247154**

Statement #3

Investments - Other	
Zomeworks	30,000
The Well	9,500
	39,500
Support and Revenue for Future Periods	
Subscription Advances	536,061
Other Liabilities	
Contract Payable (capital lease)	15,028

Officers and Directors

Point Foundation **December 31, 1989** **Identification # 94-21247154**

Statement #4

Name and address	Title & Hr/Wk	Compensation	Employee Benefits	Expenses
Stewart Brand 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Kevin Kelly 27 Gate 5 Road Sausalito, CA	President Full-time	$32,000	None	None
Doug Carlston 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Huey Johnson 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Robert Fuller 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Cindy Fugett 27 Gate 5 Road Sausalito, CA	Secretary/Treasurer Part-time	$2,142	None	None
Chuck Blitz 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Paul Hawkin 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None

Christina Dessen Director

Kelly Tegan Director

Form **2758**
(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE, INC., CPAs, 3120 Telegraph Ave, Ste #8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until NOVEMBER 15, 1990 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613
☒ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725
☐ Form 990-BL	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2a For calendar year 19 89, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete the return by November 15, 1990

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . $ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature], CPA Date ▶ 5/17/90

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We HAVE approved your application. (Please attach this form to your return.)

☐ We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below to the due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of sections otherwise required to be made on timely filed returns.

☐ We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

RECEIVED
FRESNO SERVICE CENTER
NOV 15 1990
INTERNAL REVENUE SERVICE
FRESNO, CA

EXTENSION TO FILE APPROVED TO NOV 15 1990

8950508157

Date _____ By: Director

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name: Internal Revenue Service Fresno Service Center

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form. Form 2758 (Rev. 11-89)

Form **990-T**
Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return

(Under Section 511 of the Internal Revenue Code) For calendar year 1989 or other tax year beginning ..... , 1989, and ending ..... , 19 .....

OMB No. 1545-0687

1989

Please Print or Type

Name of organization: POINT FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

A Employer identification number (employees' trust, see instruction for Block A): 94 : 2147154

B Enter unrelated business activity codes from the last page of the instructions: 7389

C Check box if address changed . . . . . ▶ ☐

D Exempt under section ▶ ☐ 501(C)(3) OR ▶ ☐ 408(e)

E Check type of organization . . . . . ▶ ☒ Corporation ☐ Trust ☐ Section 401(a) trust

F Group exemption number (see instructions for Block F) ▶

If the unrelated trade or business gross income is $10,000 or less, complete only page 1 and Part III on page 2, and sign the return. Complete all applicable parts of the form (except lines 1 through 4 on page 1) if unrelated trade or business gross income is over $10,000.

Taxable Income

1	Unrelated trade or business gross income (state sources ▶ MAILING LIST SALES)	1	7629
2	Deductions (including net operating loss) (complete Parts I and II instead of lines 1, 2, 3, and 4 if gross income is over $10,000)	2	2941
3	Unrelated business taxable income before specific deduction (line 1 less line 2)	3	4688
4	Specific deduction (see instructions)	4	1000
5	Unrelated business taxable income (line 3 less line 4 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.)	5	3688

Tax Computation

Organizations Taxable as Corporations (see Instructions for tax computation)

6 Controlled group members (sections 1561 and 1563)—Check here: ☐ and:

a Enter your share of the $50,000 and $25,000 taxable income bracket amounts (in that order):
(i) $ (ii) $

b Enter your share of the additional 5% tax (not to exceed $11,750) $

7 Income tax — 7: 553

Trusts Taxable at Trust Rates (see Instructions for tax computation)

8 Income tax on the amount on line 5 — 8:

Total Income Tax

9a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	9a			
b	Other credits (see instructions)	9b			
c	General business credit.—Check if from: ☐ Form 3800 ☐ Form 3468 ☐ Form 6478 ☐ Form 6765 ☐ Form 8586	9c			
d	Credit for prior year minimum tax (attach Form 8801)			9d	
10	Total (add lines 9a through 9d)			10	
11	Subtract line 10 from line 7 or line 8			11	553
12	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			12	
13a	Alternative minimum tax ..... b Environmental tax			13c	
14	**Total tax** (add lines 11, 12, and 13c)			14	553
15	**Payments:** a 1988 overpayment credited to 1989	15a			
b	1989 estimated tax payments	15b	510		
c	Subtotal (add lines 15a and 15b)	15c			
d	Tax deposited with Form 7004 or Form 2758	15d			
e	Foreign organizations—Tax paid or withheld at source (see instructions)	15e			
f	Other credits and payments (see instructions)	15f			
16	Total credits and payments (add lines 15c through 15f)			16	510
17	Enter any **penalty** for underpayment of estimated tax. Check ▶ ☐ if Form 2220 is attached			17	
18	**Tax due**—If the total of lines 14 and 17 is larger than line 16, enter amount owed ▶			18	43
19	**Overpayment**—If line 16 is larger than the total of lines 14 and 17, enter amount overpaid ▶			19	
20	Enter the amount of line 19 you want: **Credited to 1990 estimated tax** ▶ **Refunded** ▶			20	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Date | Check if self-employed ▶ ☐ | Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ E.I. No. ▶ ZIP code ▶

Part I Unrelated Trade or Business Income

1a	Gross receipts or sales, b Less returns and allowances, c Balance ▶	1c		
2	Cost of goods sold and/or operations (Schedule A, line 7)	2		
3	Gross profit (line 1c less line 2)	3		
4a	Capital gain net income (attach separate Schedule D) (see instructions)	4a		
b	Net gain or (loss) from Form 4797, Part II, line 18 (attached)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E, line 2)	7		
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)	8		
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)	9		
10	Exploited exempt activity income (Schedule H)	10		
11	Advertising income (Schedule I, Part III–A)	11		
12	Other income (see instructions for line 12—attach schedule)	12		
13	TOTAL—Unrelated trade or business income (add lines 3 through 12)	13		

Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule J)			14	
15	Salaries and wages			15	
16	Repairs (see instructions)			16	
17	Bad debts (see instructions)			17	
18	Interest (attach schedule)			18	
19	Taxes			19	
20	Contributions (see instructions)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed in Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24a	Contributions to deferred compensation plans (see instructions)			24a	
b	Employee benefit programs (see instructions)			24b	
25	Other deductions (attach schedule)			25	
26	TOTAL DEDUCTIONS (add lines 14 through 25)			26	
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)			27	
28	Advertising loss (Schedule I, Part III–B)			28	
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27)			29	
30	Net operating loss deduction (see instructions)			30	
31	Unrelated business taxable income before specific deduction (subtract line 30 from line 29)			31	
32	Specific deduction (see instructions for line 4 of page 1)			32	
33	Unrelated business taxable income (subtract line 32 from line 31. If line 32 is greater than line 31, enter the lesser of zero or line 31.) Enter here and on page 1, line 5			33	

SCHEDULE A—COST OF GOODS SOLD AND/OR OPERATIONS (see Instructions for Part I, line 2)

Method of inventory valuation (specify) ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6		
2	Purchases	2		7	Cost of goods sold and/or operations. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7		
3	Cost of labor	3						
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
b	Other costs (attach schedule)	4b						
5	TOTAL—Add lines 1 through 4b	5						

Part III Statements Regarding Certain Activities and Other Information

		Yes	No
1	At any time during the tax year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 11 of the Instructions for exceptions and filing requirements for form TD F 90-22.1.) If "Yes," write in the name of the foreign country ▶		X
2	Was the organization the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the organization had any beneficial interest in it? If "Yes," the organization may have to file Forms 3520, 3520-A, or 926.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶		

The books are in care of ▶ Telephone number ▶ ( )

SCHEDULE C—RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY
(see Instructions for Part I, line 6)

1. Description of property	2. Rent received or accrued	3. Percentage of rent for personal property
		%
NOT APPLICABLE		%
		%
		%
		%

4. Complete for any item if the entry in column 3 is more than 50%, or if the rent is based on profit or income		5. Complete for any item if the entry in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 minus column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)	(c) Income includible (column 5(a) minus column 5(b))

Add columns 4(b) and 5(c) and enter total here and on line 6, Part I, page 2 . . . . . .

SCHEDULE E—UNRELATED DEBT-FINANCED INCOME (see Instructions for Part I, line 7)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
1			
NOT APPLICABLE			

4. Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Percentage which col. 4 is of col. 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	9. Net income (loss) includible (column 7 minus column 8)
		%			
		%			
		%			
		%			

2 Total (enter here and on line 7, Part I, page 2) . . . . . .
3 Total dividends-received deductions included in column 8 . . . . . .

SCHEDULE F—INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION
(see Instructions for Part I, line 8)

1. Description	2. Amount	3. Deductions directly connected (attach schedule)	4. Net investment income (column 2 minus column 3)	5. Set-asides (attach schedule)	6. Balance of investment income (column 4 minus column 5)
NOT APPLICABLE					

Total (enter here and on line 8, Part I, page 2) . . . . . .

SCHEDULE G—INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS
(see Instructions for Part I, line 9)

1. Name and address of controlled organization(s)	2. Gross income from controlled organization(s)	3. Deductions of controlling organization directly connected with column 2 income (attach schedule)	4. Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under sec. 501(a), or the amount in col. (a), whichever is more	(c) Percentage which col. (a) is of col. (b)
					%
NOT APPLICABLE					%
					%

5. Nonexempt controlled organizations			6. Gross income reportable (column 2 × column 4(c) or column 5(c))	7. Allowable deductions (column 3 × column 4(c) or column 5(c))	8. Net income includible (column 6 minus column 7)
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is more	(c) Percentage which col. (a) is of col. (b)			
		%			
		%			
		%			

Total (enter here and on line 9, Part I, page 2) . . . . . .

SCHEDULE H—EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

(see Instructions for Part I, line 10)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated trade or business (column 2 minus column 3)	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	8. Net income includible (column 4 minus column 7)
		NOT APPLICABLE					
Total (enter here and on line 10, Part I, page 2)							

SCHEDULE I—ADVERTISING INCOME AND ADVERTISING LOSS (see Instructions for Part I, line 11)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If col. 2 exceeds col. 3, compute cols. 5, 6, and 7. If col. 3 exceeds col. 2, enter loss in Part III-B, col.(b)	5. Circulation income	6. Readership costs	7. If col. 5 exceeds col. 6, enter in Part III-A col. (b) the gain from col. 4. If col. 6 exceeds col. 5, enter in Part III-A col. (b) the gain from subtracting col. 6 plus col. 3 from col. 5 plus col. 2. For a loss, see the Instructions for line 11 item 2(c).
NOT APPLICABLE						
Total						

Part II Income From Periodicals Reported on a Separate Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If col. 2 exceeds col. 3, compute cols. 5, 6, and 7. If col. 3 exceeds col. 2, enter loss in Part III-B, col.(b)	5. Circulation income	6. Readership costs	7. If col. 5 exceeds col. 6, enter in Part III-A col. (b) the gain from col. 4. If col. 6 exceeds col. 5, enter in Part III-A col. (b) the gain from subtracting col. 6 plus col. 3 from col. 5 plus col. 2. For a loss, see the Instructions for line 11 item 2(c).

Part III-A Advertising Income

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II
Enter total here and on line 11, Part I, page 2	

Part III-B Advertising Loss

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II
Enter total here and on line 28, Part II, page 2	

SCHEDULE J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
STEWART BRAND	DIRECTOR	PART %	NONE
KEVIN KELLY	PRESIDENT	FULL %	NONE
DOUG CARLSTON	DIRECTOR	PART %	NONE
HUEY JOHNSON	DIRECTOR	PART %	NONE
ROBERT FULLER	DIRECTOR	PART %	NONE
CINDY FUGETT	DIRECTOR	PART %	NONE
CHUCK BLITZ + PAUL HAWKIN	DIRECTOR	PART	NONE
Total (enter here and on line 14, Part II, page 2).	DIRECTOR	PART	NONE

Form 7004
(Rev. September 1989)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233
Expires 8-31-92

Name of corporation
POINT FOUNDATION

Employer identification number
94-2147154

Number and street (or P.O. box number if mail is not delivered to street address)
c/o VINCENT + ROSE, INC., CPAs, 3120 Telegraph Avenue, Suite 8

City or town, state, and ZIP code
Berkeley, CA 94705

Check type of return to be filed:

- ☐ Form 1120
- ☐ Form 1120-A
- ☐ Form 1120-DF
- ☐ Form 1120F
- ☐ Form 1120-FSC
- ☐ Form 1120-H
- ☐ Form 1120L
- ☐ Form 1120-ND
- ☐ Form 1120-PC
- ☐ Form 1120-POL
- ☐ Form 1120-REIT
- ☐ Form 1120-RIC
- ☐ Form 1120S
- ☐ Form 990-C
- ☒ Form 990-T

Form 1120F filers: Check here ▶ ☐ if you do not have an office or place of business in the U.S.

1a I request an automatic 6-month extension of time until NOVEMBER 15, 19 90, to file the income tax return of the corporation named above for ▶ ☒ calendar year 19 89, or ▶ ☐ tax year beginning ....., 19 ....., and ending ....., 19 ..... .

b If this tax year is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Name and address of each member of the affiliated group	Employer identification number	Tax period

TAXPAYER'S COPY

3 Tentative tax (see instructions)					3	510
4 Credits:						
a Overpayment credited from prior year	4a					
b Estimated tax payments for the tax year	4b	510				
c Less refund for the tax year applied for on Form 4466	4c	( )	Bal ▶	4d	510	
e Credit from regulated investment companies				4e		
f Credit for Federal tax on fuels				4f		
5 Total—Add lines 4d through 4f					5	510
6 Balance due—Line 3 less line 5. Deposit this amount with a Federal Tax Deposit (FTD) Coupon (see instructions)					6	NONE

Signature.—Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent) (Title) 5/14/90 (Date)

Form 7004 (Rev. 9-89)

YEAR

CALIFORNIA FORM

1989 Exempt Organization Business Income Tax Return 109

For taxable or income year beginning MONTH JANUARY | DAY 1 | YEAR 1989, and ending MONTH DECEMBER | DAY 31 | YEAR 1989

Attach Preaddressed Label

Check here if claiming any enterprise zone or program area tax benefits. ● ☐

California corporation or organization number: D-0546604

Federal employer identification number: 94-2147154

Name and address of the trustee

Corporation name

Nature of trade or business: MAILING LIST SALES

Address

Social security or federal employer identification number

City | State | ZIP code

Form number of federal form filed: 990 T

If the unrelated trade or business gross income is $10,000 or less, complete only Side 1, state sources on line 1 or line 8, include deductions, and sign the return. Complete all applicable parts of the form if unrelated trade or business gross income is over $10,000.

Attach Remittance Here	**Organizations Taxable as Corporations**			
	1 Unrelated business taxable income (Side 2, Part II, line 30)		1	3643
	2 Multiply line 1 by average apportionment percentage ____ % (Schedule K, line 5) ●		2	
	3 Net operating loss deduction (from form FTB 3805Q) ●		3	
	4 Net unrelated business taxable income. Subtract line 3 from the lesser of line 1 or line 2 ●		4	3643
	5 Tax. Multiply line 4 by 9.3% (see General Instruction J)		5	339
	6 Tax credits (Schedule B, line 8, or Schedule P (100)) (see instructions) ●		6	
	7 Balance. Subtract line 6 from line 5. If line 6 is greater than line 5, enter zero		7	339
Tax Computation	**Organizations Taxable as Trusts**			
	8 Unrelated business taxable income (Side 2, Part II, line 30) ●		8	
	9 Net operating loss deduction (from form FTB 3805V) ●		9	
	10 Net unrelated business taxable income. Subtract line 9 from line 8 ●		10	
	11 Tax on amount on line 10 (see General Instruction J)		11	
	12 Tax credits (Schedule B, line 8, or Schedule P (541)) (see instructions) ●	12		
	13 Balance. Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero		13	339
Total Tax	14 Tax from line 7 or line 13 ■		14	
	15 Alternative minimum tax ■		15	
	16 Total tax. Add line 14 and line 15 ■		16	339
Payments	17 Overpayment(s) from a prior year allowed as a credit	17		
	18 1989 estimated tax payments	18	315.	
	19 Amount paid with application for extension of time to file return	19		
	20 Total payments and credits. Add lines 17 through 19		20	315
Tax Due or Over-payment	21 **Tax due.** Subtract line 20 from line 16. Pay entire amount with return (see instructions) ■		21	24
	22 **Overpayment.** Subtract line 16 from line 20 (see instructions) ■		22	
	23 Enter amount of line 22 to be applied to 1990 estimated tax ■		23	
	24 Enter amount of line 22 to be refunded. Subtract line 23 from line 22 ■		24	
	25 Penalties and interest. See General instruction L	25		
	☐ Check box if estimate penalty was computed using Exception C or D and attach form FTB 5806			
	26 **Total amount due.** Add line 21 and line 25. Pay amount with return		26	24

Person to contact for additional information: CHRISTINE GOODSON, ACCTNG | Telephone number: (415) 332-1716

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Title | Date

▶ (415) 332-1716 Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ | FEIN | Telephone ( )

YEAR

CALIFORNIA FORM

1989 Exempt Organization Business Income Tax Return 109

For taxable or income year beginning MONTH JANUARY DAY 1 YEAR 1989, and ending MONTH DECEMBER DAY 31 YEAR 1989

Attach Preaddressed Label

Check here if claiming any enterprise zone or program area tax benefits ● ☐

California corporation or organization number: D-0546604

Federal employer identification number: 94-2147154

Name and address of the trustee

Corporation: D-0546604 P*2** T 12

Address: POINT

Nature of trade or business: MAILING LIST SALES

Social security or federal employer identification number

City: 27 GATE FIVE RD SAUSALITO CA 94965

Code

Form number of federal form filed: 990 T

If the unrelated trade or business gross income is $10,000 or less, complete only Side 1, state sources on line 1 or line 8, include deductions, and sign the return. Complete all applicable parts of the form if unrelated trade or business gross income is over $10,000.

Attach Remittance Here

Tax Computation

Organizations Taxable as Corporations

1	Unrelated business taxable income (Side 2, Part II, line 30)	1	3643
2	Multiply line 1 by average apportionment percentage _____ % (Schedule K, line 5) ●	2	
3	Net operating loss deduction (from form FTB 3805Q) ●	3	
4	Net unrelated business taxable income. Subtract line 3 from the lesser of line 1 or line 2 ●	4	3643
5	Tax. Multiply line 4 by 9.3% (see General Instruction J)	5	339
6	Tax credits (Schedule B, line 8, or Schedule P (100)) (see instructions) ●	6	
7	Balance. Subtract line 6 from line 5. If line 6 is greater than line 5, enter zero	7	339

Organizations Taxable as Trusts

8	Unrelated business taxable income (Side 2, Part II, line 30) ●	8	
9	Net operating loss deduction (from form FTB 3805V) ●	9	
10	Net unrelated business taxable income. Subtract line 9 from line 8 ●	10	
11	Tax on amount on line 10 (see General Instruction J)	11	
12	Tax credits (Schedule B, line 8, or Schedule P (541)) (see instructions) ●	12	
13	Balance. Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero	13	339

Total Tax

14	Tax from line 7 or line 13 ■	14	
15	Alternative minimum tax ■	15	
16	Total tax. Add line 14 and line 15 ■	16	339

Payments

17	Overpayment(s) from a prior year allowed as a credit	17		
18	1989 estimated tax payments	18	315	
19	Amount paid with application for extension of time to file return	19		
20	Total payments and credits. Add lines 17 through 19			20 315

Tax Due or Overpayment

21	**Tax due.** Subtract line 20 from line 16. Pay entire amount with return (see instructions) ■	21	24
22	**Overpayment.** Subtract line 16 from line 20 (see instructions) ■	22	
23	Enter amount of line 22 to be applied to 1990 estimated tax ■	23	
24	Enter amount of line 22 to be refunded. Subtract line 23 from line 22 ■	24	
25	Penalties and interest. See General instruction L	25	
	☐ Check box if estimate penalty was computed using Exception C or D and attach form FTB 5806		
26	**Total amount due.** Add line 21 and line 25. Pay amount with return	26	24

Person to contact for additional information: CHRISTINE GOODSON, ACCTNG Telephone number: (415) 332-1716

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Title | Date | ▶ Telephone (415) 332-1716

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ | FEIN | Telephone ( )

POINT FOUNDATION 94-2147154 12-31-89

Unrelated Business Taxable Income UNRELATED INCOME UNDER $10,000

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales _____ b Less returns and allowances _____ Balance ▶	1c	
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	
3	Gross profit. Subtract line 2 from line 1c	3	
4	a Capital gain net income (see Specific Line Instructions) - Trusts attach Schedule D (541)	4a	
	b Net gain (loss) from Part II, federal Form 4797 (attached) - Trusts attach Schedule D-1	4b	
	c Capital loss deduction for trusts	4c	
5	Income (or loss) from partnerships (attach Schedule K-1 (565) or similar schedule)	5	
6	Rent income (Schedule C)	6	
7	Unrelated debt-financed income (Schedule D)	7	
8	Investment income of an R&TC Section 23701g, 23701i, 23701n or 23701q organization (Schedule E)	8	
9	Annuities, interest, royalties and rents from controlled organizations (Schedule F)	9	
10	Exploited exempt activity income (Schedule G)	10	
11	Advertising income (Schedule H, Part III, Column A)	11	
12	Other income (attach schedule)	12	
13	Total unrelated trade or business income. Add lines 3 through 12	13	

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors and trustees (Schedule I)			14	
15	Salaries and wages			15	
16	Repairs			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes (attach schedule)			19	
20	Contributions (see Specific Line Instructions and attach schedule)			20	
21	a Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21a			
	b Less: depreciation claimed on Schedule A	21b		21	
22	Depletion (attach schedule)			22	
23	a Contributions to deferred compensation plans			23a	
	b Employee benefit programs (see Specific Line Instructions)			23b	
24	Other deductions (attach schedule)			24	
25	Total deductions. Add lines 14 through 24			25	
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	
27	Excess advertising costs (Schedule H, Part III, Column B)			27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	
29	Specific deduction (see Specific Line Instructions)			29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 29 is greater than line 28, enter the lesser of line 28 or zero.			30	

Caution: No deduction shall be allowed for expenses incurred at or payments made to a club which restricts membership or the use of its services or facilities on the basis of age, sex, race, religion, color, ancestry or national origin.

Schedule A Cost of Goods Sold and/or Operations Method of Inventory Valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	a Additional IRC Section 263A costs (attach schedule)	4a	
	b Other costs (attach schedule)	4b	
5	Total. Add lines 1 through 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2.	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

1	Jobs credit (form FTB 3524)	1		
2	Energy conservation credit carryover (form FTB 3514)	2		
3	Research credit (form FTB 3523)	3		
4	Orphan drug credit (form FTB 3528)	4		
5	Commercial solar energy and solar energy credit carryovers (form FTB 3805L)	5		
6	Low-income housing credit (form FTB 3521 and form FTB 3521A)	6		
7	Other credits (specify) _____	7		
8	Total. Add lines 1 through 7. Enter here and on Side 1, line 6, for corporations, or line 12 for trusts			8

KOINT FOUNDATION 94-2147154 12-31-89

Schedule C Rent Income from Real Property and Personal Property Leased with Real Property

Note: For rental income from debt-financed property, use Schedule D. R&TC Section 23701g and Section 23701i organizations — see instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
NOT APPLICABLE		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 less column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible (column 5(a) less column 5(b))

Add columns 4(b) and 5(c). Enter here and on side 2, Part I, line 6 .....

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
NOT APPLICABLE			

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage (column 4 ÷ column 5)	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (total of columns 3(a) and 3(b) × column 6)	9 Net income (or loss) includible (column 7 less column 8)
		%			
		%			
		%			

Total. Enter here and on side 2, Part I, line 7 .....

Schedule E Investment Income of a Section 23701g, 23701i, 23701n or 23701q Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income (column 2 less column 3)	5 Set-asides (attach schedule)	6 Balance of investment income (column 4 less column 5)
NOT APPLICABLE					

Enter total here and on side 2, Part I, line 8 .....

Enter gross income from members (dues, fees, charges or similar amounts) .....

Schedule F Income (Annuities, Interest, Rents and Royalties) From Controlled Organizations

1 Name and address of controlled organizations	2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Sec. 23701, or the amount in col. (a), whichever is greater	(c) Percentage (column (a) ÷ column (b))
NOT APPLICABLE					%
					%
					%

5 Nonexempt controlled organizations			6 Gross income reportable (column 2 × column 4(c) or column 5(c))	7 Allowable deductions (column 3 × column 4(c) or column 5(c))	8 Net income includible (column 6 less column 7)
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage (col. (a) ÷ col. (b))			
		%			
		%			
		%			

Total. Enter here and on side 2, Part I, line 9 .....

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business (col. 2 less col. 3)	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense (col. 6 less col. 5 but not more than col. 4)	8 Net income includible (col. 4 less col. 7 but not less than zero)
NOT APPLICABLE							

Total. Enter here and on side 2, Part I, line 10 .....

POINT FOUNDATION 94-2147154 12-31-89

Schedule H Advertising Income and Excess Advertising Costs — NOT APPLICABLE

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If col. 3 is greater than col. 2, enter the excess in Part III, Col. B(b). Do not complete cols. 5, 6 and 7. If col. 2 is greater than col. 3, complete cols. 5, 6 and 7.	5 Circulation income	6 Readership costs	7 If col. 5 is greater than col. 6, enter the income shown in col. 4, in Part III, Col. A(b). If col. 6 is greater than col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter amount in Part III, Col. A(b).
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A — Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7 and amounts listed in Part II, cols. 4 and 7
Enter total here and on side 2, Part I, line 11	

Part III Column B — Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees — NOT APPLICABLE

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
Total. Enter here and on side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts — see instructions.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment			NOT APPLICABLE			
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on side 2, Part II, line 21a						

Schedule K Apportionment Formula

Limited to unrelated trade or business amounts	(a) Total within and without the state	(b) Total within the state	(c) Percent within the state ((b) ÷ (a))
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)			
2 Wages, salaries, and other compensation of employees	NOT APPLICABLE		
3 Gross sales and/or receipts, less returns and allowances			
4 Total percent (sum of the percentages above)			
5 Average apportionment percentage. Line 4 x ⅓. Enter here and on side 1, line 2			

89 53714

TAXABLE YEAR **1989**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name
POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route)
c/o VINCENT + ROSE, INC., CPAs, 3120 Telegraph Avenue, Suite 8

City, town or post office, state and ZIP code
Berkeley, CA 94705

1 For income year beginning JANUARY 1 1989, and ending DECEMBER 31 1989.
I request an automatic seven month extension of time to file until DECEMBER 15, 19 90.
Note: An extension of time to file the return does not extend the time to pay the tax.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☒ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☐ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

3 Does this application also cover subsidiaries to be included in a combined report? If yes, see Instruction F..... ☐ Yes ☒ No

4 Tentative tax and payments:

a	Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S, the tentative tax may not be less than the minimum franchise tax. • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	4a	315
b	Estimated tax payments (include prior year overpayment applied as a credit or overpayment from the water's-edge election fee on line 5c)	4b	315
c	Balance due with this application. Subtract line 4(b) from line 4(a)	4c	

5 Water's-edge election fee and payments:

a	Total election fee due if filing Form 100-FEE	5a	
b	Estimated fee payments (include prior year overpayment applied as a credit or overpayment from tentative tax on line 4c)	5b	
c	Balance due with this application. Subtract line 5(b) from line 5(a)	5c	NONE

Signature — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

(Signature of officer or agent) CPA (Title) 5/17/90 (Date)

If a payment is sent with this application, mail to: Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.
If no payment is sent with the application, mail to: Franchise Tax Board, P.O. Box 942857, Sacramento, Ca 94257-0550.

The Franchise Tax Board will complete this section if the extension is denied. You will not receive a notice if the extension is granted.
Your application for extension of time to file a return has been DENIED because:
- ☐ Your application was filed after the original due date of the return.
- ☐ The total tentative tax (line 4a), either is not shown or is not sufficient (this line may not be less than the minimum franchise tax, if applicable).
- ☐ The amount of payment(s) and/or credit(s) claimed does not match Franchise Tax Board records. Our records show $_____ in payment(s) and/or credit(s). This amount includes any payment submitted with this form. Payment to the Secretary of State upon qualification or incorporation may not be claimed as credit.
- ☐ You did not include payment of the balance due on line 4c with the application.
- ☐ You did not include payment of the balance due on line 5c with the application.
- ☐ Our records show this corporation is suspended or forfeited; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not complete and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY:
(Initial and Date)

Note: Any payment(s) received after the original due date of the return does not affect this determination.
If the extension is denied, see Instruction H on Side 2.

YEAR **1989**

Exempt Organization Annual Information Statement or Return

CALIFORNIA FORM **199**

For calendar or fiscal year beginning MONTH JAN | DAY 1 | YEAR 1989, and ending MONTH DEC | DAY 31 | YEAR 1989.

Attach Preaddressed Label

California corporation number: D-0546604

Federal employer identification number: 94-2147154

Corporation/Organization name: POINT FOUNDATION

Address: 27 GATE FIVE ROAD

City: SAUSALITO, State: CALIFORNIA, ZIP code: 94965

A Final return?
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
If a box is checked, enter date

B Check forms filed this year: State: ☒ 109 ☐ 100 ☐ 100S
Federal: ☒ 990 ☒ 990T ☐ 990PF ☐ 1041 ☐ 5227 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. (See Instruction D. No filing fee required.) ● ☐

Organizations with gross receipts of less than $25,000, churches and religious orders, see instructions below.

1	Enter the organization's gross receipts. **This line must be completed** ● **Caution:** See the instructions for federal Form 990 to determine the organization's gross receipts. Homeowners' associations, see Instruction C.	1	629914
2	Filing fee – $10 (see Instruction D)	2	10
3	**Penalty for failure to file on time** (see Instruction H)	3	
4	Balance Due. Add line 2 and line 3	4	10

5 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509 ☐ Yes ☒ No

6 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

7 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "yes," enter amount of gross receipts from nonmember sources $
Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
If "yes," enter amount of total income reported $ 3643

Please Sign Here

Important: You must attach a copy of federal Form 990 and the federal income tax return and schedules the organization filed with the Internal Revenue Service. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer — Date — ▶ Title — Daytime telephone

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ☐ — Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ — FEIN — Daytime telephone ( )

A General Information

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 1989, and to the California Revenue and Taxation Code (R&TC).

Complete Form 199 and attach a copy of your federal Form 990, Return of Organization Exempt from Income Tax. If the organization is exempt under R&TC Section 23701t, attach federal Form 1120, U.S. Corporation Income Tax Return, or 1120H, U.S. Income Tax Return for Homeowners' Associations, in lieu of federal Form 990.

Important

Beginning with calendar year 1988, organizations with gross receipts normally less than $25,000, churches and religious orders are not required to file. If you are not required to file federal Form 990, you are not required to file Form 199. However, private foundations are required to file Form 199 even if gross receipts are normally less than $25,000.

Filing a return without errors will speed up processing. Before mailing the return, make sure an entry has been made at line 1.

Caution: Homeowners' associations exempt under R&TC Section 23701t have separate filing requirements. See Instruction C.

B Purpose of Form

Form 199 is used by tax exempt organizations, organized and operated under R&TC Section 23701, to provide the Franchise Tax Board with required information. Except for certain types of organizations, an annual return on Form 199 is required from every organization exempt from tax under IRC Section 501(c).

C Homeowners' Associations

Homeowners' associations exempt under R&TC Section 23701t include condominium management associations, residential real estate management associations and cooperative housing corporations.

Homeowners' associations must attach a copy of federal Form 1120 or federal Form 1120H. If you file federal Form 1120H, also attach the following information to your Form 199:

- a detailed financial statement reflecting income from all sources and all expenditures; and
- a complete balance sheet.

Homeowners' associations' gross receipts are defined as gross receipts from all sources **before** deductions.

TAXABLE YEAR **1989**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name
POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route)
c/o VINCENT + ROSE, INC., CPAs, 3120 Telegraph Avenue, Suite 8

City, town or post office, state and ZIP code
Berkeley, CA 94705

1 For income year beginning JANUARY (MONTH) 1 (DAY) 1989 (YEAR), and ending DECEMBER (MONTH) 31 (DAY) 1989 (YEAR).
I request an automatic seven month extension of time to file until DECEMBER 15, 19 90.
Note: An extension of time to file the return does not extend the time to pay the tax.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☐ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☒ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

3 Does this application also cover subsidiaries to be included in a combined report? If yes, see Instruction F..... ☐ Yes ☒ No

4 Tentative tax and payments:

a	Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S, the tentative tax may not be less than the minimum franchise tax. • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	4a	NONE
b	Estimated tax payments (include prior year overpayment applied as a credit or overpayment from the water's-edge election fee on line 5c)	4b	
c	Balance due with this application. Subtract line 4(b) from line 4(a)	4c	

5 Water's-edge election fee and payments:

a	Total election fee due if filing Form 100-FEE	5a	
b	Estimated fee payments (include prior year overpayment applied as a credit or overpayment from tentative tax on line 4c)	5b	
c	Balance due with this application. Subtract line 5(b) from line 5(a)	5c	NONE

Signature — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

(Signature of officer or agent) CPA (Title) 5/14/90 (Date)

If a payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**
If no payment is sent with the application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, Ca 94257-0550.**

The Franchise Tax Board will complete this section if the extension is denied. You will not receive a notice if the extension is granted.
Your application for extension of time to file a return has been DENIED because:

TAXPAYER'S COPY

- ☐ Your application was filed after the original due date of the return.
- ☐ The total tentative tax (line 4a), either is not shown or is not sufficient (this line may not be less than the minimum franchise tax, if applicable).
- ☐ The amount of payment(s) and/or credit(s) claimed does not match Franchise Tax Board records. Our records show $_____ in payment(s) and/or credit(s). This amount includes any payment submitted with this form. Payment to the Secretary of State upon qualification or incorporation may not be claimed as credit.
- ☐ You did not include payment of the balance due on line 4c with the application.
- ☐ You did not include payment of the balance due on line 5c with the application.
- ☐ Our records show this corporation is suspended or forfeited; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not complete and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

Note: Any payment(s) received after the original due date of the return does not affect this determination.
If the extension is denied, see Instruction H on Side 2.

Detach Here

FORM **CT – 2** (REV. 12-87)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $300 or more.

ACCOUNTING PERIOD — For the Year Beginning JANUARY 1, 1989 and Ending DECEMBER 31, 1989

If address changed check here . . . ▶ ☐ and show changes below ▼

10497 YEAR ENDED DEC 31, 1989 L

POINT
27 GATE 5 ROAD
SAUSALITO CA 94965

State Charity registration number CT 10497

Corporate or Organization No.

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.	X	
B. Is this entity a split-interest trust?		X

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☒ This entity is **not** a private foundation. **We have attached** a completed copy of IRS Form 990, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Complete Part II below.

☐ This entity is a private foundation. **We have attached** a completed copy of IRS Form 990-PF and related attachments. Complete Parts II and III below.

PART IA ACTIVITIES	Yes	No
Are the program activities of this entity limited solely to grantmaking?		X

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT		Yes	No
1 Was 50% or more of your total revenue from government grants? (See line 1 instructions)	1		X
If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.			
2 Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken?	2		X
If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . . . 2a $			
3 Did an independent public accountant issue a report on your financial statements?	3		X
If "yes", enter here: Accountant's Name _____ Telephone ( ) _____			
4 Is any of your property held in the name of or commingled with the property of any other organization or person, **other than** Pooled Investment Funds?	4		X
If "yes", attach justification, including value of assets commingled.			
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	5		X
If "yes", attach a detailed explanation and enter here the total amount involved . . . . . 5a $			
6 Did you donate anything to an **organization** that is **not** tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC?	6		X
If "yes", attach explanation and enter here the fair market value of the donation . . . . . 6a $			
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.	7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.	8		X
9 Did you pay or incur any tax-related penalty, fine or judgment?	9		X
If "yes", attach an explanation and enter here the total amount involved . . . . . 9a $			

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions) | Printed Name | Title | Date

	Yes	No
10 Did you receive $10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part I, line 1)? 10	X	
If "yes", enter the following amounts:		
(a) Direct support from the general public 10a 595658		
(b) Foundation and trust grants 10b		
(c) Corporate and other business grants 10c		
(d) Bequests 10d		
(e) Total direct public support (add lines a through d) 10e 595658		
11 Did you contract with or use the services of an independent professional fund raiser? If "yes", complete Part IV (Form CT-2). . . 11	X	
12 Did your invested assets total $50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions) 12		X
13 Did you receive any income from any bingo game? 13		X
If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies were received by your organization. . . . . 13a $		
14 Employee compensation of the five highest paid employees:		
(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of $100,000? 14a		X
(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of $10,000, or more, paid any employee? 14b		X
(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization? 14c		X
(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest? 14d		X
If "yes", enter here the total amount involved . . . . 14d $		
(e) Did the organization make any loans in excess of $5,000 to any employee? 14e		X
If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach the organization's employment contract with the employee(s), copies of any contracts or agreements with the employee(s) and specific details to fully explain any "yes" response.		
15 Did you make any payments to independent consultants or contractors **other than** for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees? 15		
If "yes", attach a schedule which shows each payee's name and address and specifies the amount and purpose of each payment; enter here the total of all such payments . . . . 15a $		

16 If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.

	Tax	Penalty
a Payroll 16a	25059	
b Sales (on items you sold) 16b	164	
c Personal Property 16c	1254	
d Real Estate 16d		
e Unrelated Business Income 16e	652	

(17–30 not currently in use)

Detach Here

Detach Here

PART III ADDITIONAL INFORMATION FROM PRIVATE FOUNDATIONS ONLY NOT APPLICABLE

	Yes	No
31 Did you file a Form 4720 with the Internal Revenue Service? 31		X
If "yes", attach a copy of Form 4720 and enter here the amount of total taxes paid with that return 31a		

(32–39 not currently in use)

PART IV PROFESSIONAL FUND-RAISERS (PFR) (SEE QUESTION 11)

	~~EVENT #1~~	~~EVENT #2~~	~~EVENT #3~~	TOTAL
40 Brief Description of Campaign, Drive or Event	POINT CONTRACTED SEPARATELY WITH TWO PFRS TO MANAGE ONGOING FUNDRAISING			
41 Date or Period Covered	6/1/89–10/15/89	10/16/89–12/31/89		
42 Name of PFR	SUSAN FRANK	STEPHANIE LEONARD		
43 Address of PFR	CAZENEAU SAUSALITO, CA	500 TURNEY SAUSALITO, CA		
44 Total Public Donations *	3846	11881	44	15727
45 All Payments to PFR	6394	4500	45	–10894
46 All Other Fund-Raising Expenses	2259	2548	46	– 4807
47 Net Proceeds (Line 44 Less 45 and 46)	<4807>	4833	47	26

(48–59 not currently in use) * On line 44, do **not** deduct any costs from gross donations.

NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING $50,000 OR MORE (SEE QUESTION 12) NOT APPLICABLE

60 Securities, beginning of year at cost (990, line 54(A) or 990-PF, Part II, line 10(A)) 60	
61 Securities acquired, at cost or original basis 61	
62 Securities sold, at cost or original basis (may include sales expenses) 62	–
63 Securities, end of year at cost (990, line 54(B) or 990-PF, Part II, line 10(B)) 63	
64 Securities, end of year at market value 64	
65 Sum of all gains on sales during the year 65	
66 Sum of all losses on sales during the year 66	–
67 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4(A)) 67	
68 Total return realized (line 65 less line 66, plus line 67) 68	
69 Less investment counsel fees 69	–
70 Net return realized from investments in securities (line 68 less line 69) 70	

Has this organization engaged in, purchased, sold or held during the year:	Yes	No
71 Investments (any type) which produce no current income? 71		
72 Investments (any type) worth one half or less of original basis? 72		
73 Securities on margin? 73		
74 Warrants, puts, calls, options, commodity futures, or short sales? 74		
75 Stocks rated "Speculative Grade" by Moody's, or ranked "B–" or lower by Standard & Poor's? 75		
76 Securities not publicly traded? 76		
77 Municipal bonds or similar tax-exempt securities which yield less than taxable securities? 77		
78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares? 78		

If "yes" on any line from 71 through 78, attach a full explanation.

Form **2758**
(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name
POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address)
c/o VINCENT + ROSE, INC., CPAs, 3120 Telegraph Ave, Ste #8

City or town, state, and ZIP code
Berkeley, CA 94705

Employer identification number
94-2147154

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until NOVEMBER 15, 1990 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612	☒ CT-2
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613	File #
☐ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725	10497
☐ Form 990-BL	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804	

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2a For calendar year 19 89, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete the return by November 15, 1990.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . $ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature], CPA Date ▶ 5/17/90

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☐ We HAVE approved your application. (Please attach this form to your return.)

☐ We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

_____ Director
Date By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

TAXPAYER'S COPY

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 11-89)